Child's Name:	Date of Birth:	
Address:		
Cell phone:		
Has your child ever been enrolled in another program? If so, where?		
Child's Health: (Briefly describe your child's overall health. Please list any parent health concerns.		
Primary Care Physician:	Phone:	
Days of Attendance (Please Circle) M T W		
Drop off/Pick up Time:		
Date of Registration:	Registration Fee:	
Terms of Agreement:		
Registration Fee: The \$75.00 Registration fee is non-refundable. Deposit: A security deposit of two weeks tuition is required. If the child is not enrolled by parent		
choice, 50% of the deposit will be returned. I	f the child is not enrolled for any reason on the	
provider side, 100% of the deposit will be ret	urned.	
Permission: By signing below, I agree to pay	registration fee,	
for the deposit and	weekly for my child's spot at	
Empowered Edge.		
Signature :		

Child Care Application

Child's Name: Date of Birth:
Name(s) Child Goes By:
Address:
Mother's Information:
Name:
Address:
Cell phone:Email:
Place of employment:Phone:
Work Schedule:
Father's Information:
Name:
Address:
Cell phone: Email:
Place of employment:Phone:
Work Schedule:
Who has custody of the child named above:
If there is a court agreement for parenting time or restrictions for non-custodial parent, a copy of

the court order must be attached to this document.

Enrollment Form

Emergency Contacts

Child's Name :	
Personal Contact Information: Name & Pho	one Number
Mother:	
Father:	
Emergency Contact Information:	
Name:	
Address:	
Cell phone:	Email:
Place of employment:	Phone:
Name:	a colonial c
Address:	50 50
Cell phone:	Email:
Place of employment:	Phone: Ph
Name:	
Address:	
Cell phone:	Email:
Place of employment:	Phone:

Authorized Pick-up List	
Child's Name :	
Personal Contact Information: Name & Phor	ne Number
Mother:	
Father:	
Emergency Contact Information:	
Name:	
Address:	
Cell phone:	Email:
Place of employment:	Phone:
Name:	
Cell phone:	Email:
Place of employment:	Phone:
Name:	RED EDGE
Address:	
Cell phone:	_ Email:
Place of employment:	Phone:

Release for Emergency Medical Care

To Whom it may concern,

As parent or guardian I do hereby authorize the treatment of a qualified and licensed physician of any condition in which is deemed necessary.

Child's Name:	Date of Birth:
Name(s) Child Goes By:	
Address:	
Primary Care Physician:	Phone:
List of Allergies:	
Health insurance	
Company:Po	olicy Number:
EMPOW	ERED EDGE

Discipline and Behavior Management Policy

Empowered Edge will provide a safe environment for all children to thrive. No child shall be subjected at anytime to any form of corporal punishment. Meal times, bathroom breaks, and any necessities will not be withheld from any child for any reason. Empowered Edge relies on an ABA approach to respond to unwanted behaviors. There are four types of behavior and each type is given a different response to decrease unwanted behaviors.

The four types of behaviors as well as responses to the behaviors are listed below:

Attention: Unwanted behaviors with the function of attention means that the child is attempting to exhibit the unwanted behavior for attention. Attention behaviors will be ignored in all scenarios that do not jeopardize the safety of the child or surrounding children.

Escape: Unwanted behaviors with the function of escape means that the child is attempting to exhibit the unwanted behavior to avoid completing that specific task. Escape behaviors will be treated with a follow through approach.

Access: Unwanted behaviors with the function

Sensory:

These responses will coincide with other techniques. The point of discipline from Empowered Edge stand point is to take unwanted



Suspension Expulsion Policy

Empowered Edge uses a behavior policy to help shape unwanted behaviors from children while teaching the child the acceptable responses and ways to go about situations.



